

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/361525

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0		1		1	
13	0		1		1	
14	0		1		1	
15	0		1		1	
16	0		1		1	
17	0		1		1	
18	0		1		1	
19	0		1		1	
20	0		1		1	
21	0		1		1	
22	0		1		1	
23	0		1		1	
24	0		1		1	
25	0		1		1	
26	0		1		1	
27	0		1		1	
28	0		1		1	
29	0		1		1	
30	0		1		1	
31	1		1		1	
32	1		1		1	
33	1		1		1	
34	3		1		1	
35	0		1		1	
36	0		1		1	
37	0		1		1	
38	0		1		1	
39	0		1		1	
40	0		1		1	
41	0		1		1	
42	0		1		1	
43	0		1		1	
44	1		1		1	
45			1		1	
46			1		1	
47			1		1	
48			1		1	
49			1		1	
50			1		1	
TOTAL IND.	3	↓	12	↓		↓
TOTAL DEP.	44	←	33	←		←
TOTAL CLAIMS	47		45			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.				←		←
TOTAL CLAIMS						